

STATE OF MICHIGAN
 DEPARTMENT OF ATTORNEY GENERAL

INITIAL CHARITABLE TRUST / CHARITABLE SOLICITATION QUESTIONNAIRE

PLEASE TYPE OR PRINT IN INK

Official Name of Organization				Attorney General File # (CS/CT/T) if applicable	
Address of Organization					
City	County	State	Zip	Area Code	Telephone Number
Fiscal Year End (MM/DD/)	Date Created (MM/DD/YYYY)	What State		Employer Identification No. (EIN)	
Organization Fax Number		Organization Web Site		Organization Email Address	

1. Are you incorporated? If yes, attach a complete copy of Articles of Incorporation that show a dated "FILED" stamp from the appropriate state agency and Constitution and/or Bylaws. If no, attach a copy of your Constitution and/or Bylaws, or Trust Agreement.	Yes No <input type="checkbox"/> <input type="checkbox"/>
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2. Does your organization supervise and control a local, county or area chapter in Michigan? A. If yes, do you intend to have these chapters included in your solicitation license? B. If yes, attach a listing of names and addresses of all chapters to be included in your solicitation license and attach a copy of your IRS Group Determination Letter. If your organization is an out-of-state corporation, attach a copy of your Certificate of Authority to Transact Business that has been filed with the Corporations Division of the Department of Consumer & Industry Services.	Yes No 2. <input type="checkbox"/> <input type="checkbox"/> A. <input type="checkbox"/> <input type="checkbox"/>
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3. What is your purpose? Describe the specific program(s) the organization will conduct.

	Yes	No
4. Do you have a tax exemption under IRS 501(c)(3)? If yes, attach a copy of the IRS determination letter.	4. <input type="checkbox"/>	<input type="checkbox"/>
If no, A. Have you applied, or do you intend to apply, for 501(c)(3) status?	A. <input type="checkbox"/>	<input type="checkbox"/>
B. Have you been turned down? If yes, explain: _____	B. <input type="checkbox"/>	<input type="checkbox"/>
C. List any other exemption you have obtained or that is pending from the IRS: _____		

	Yes	No
5. Do you plan to solicit or receive contributions from Michigan sources? If yes, A. Solicit or receive funds from the general public (this includes corporations, individuals groups, etc.) or hold or sponsor fund raising events?	5. <input type="checkbox"/>	<input type="checkbox"/>
B. Solicit or receive unrestricted grants from non-government sources? If yes, from whom? _____	A. <input type="checkbox"/>	<input type="checkbox"/>
C. Solicit or receive funds from members of your organization? If yes, provide a reference to the articles or sections in the articles of incorporation or bylaws that define the membership classes. _____	B. <input type="checkbox"/>	<input type="checkbox"/>
D. Receive operating funds from United Way? If yes, identify specific United Way office: _____	C. <input type="checkbox"/>	<input type="checkbox"/>
If (D) is yes, provide total dollar amount received from United Way during the most recently completed fiscal year: _____		
E. Solicit or receive funds from any other source? If yes, explain: _____	D. <input type="checkbox"/>	<input type="checkbox"/>
	E. <input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
6. Do you <u>anticipate</u> soliciting or receiving contributions of more than \$8,000 per year from the funding sources identified in question 5?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
7. Will solicitations be confined to drives, held not more than quarterly, among members only, where the general public is not invited to become a member?	<input type="checkbox"/>	<input type="checkbox"/>
<p>NOTE: Also answer YES if you are a private foundation for IRS tax purposes and will receive contributions solely from incorporators, directors, or members of the families of those individuals or from a sponsoring business, even if they are not "members" of the organization.</p> <p>If yes, attach an explanation of your membership requirements, your solicitation activities, and/or your relationship with expected contributors.</p>		

<p>8. Are persons, whether employees, contractors, or consultants, compensated for planning, managing, consulting or carrying on fund raising activities on your behalf? If yes, explain fully and give name and address of any professional fund raiser, consultant or commercial coventurer:</p> <p>_____</p> <p>_____</p> <p>(You must submit, with this form, copies of current contracts with professional fund raisers, consultants or commercial coventurers.)</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>9. Do you request contributions only for the relief or benefit of a named <u>individual</u>, with all fund raising conducted by persons who are unpaid for their service? If yes, give name, address, and telephone number of the named beneficiary:</p> <p>_____</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>10. Are you approved as an educational institution by the Michigan Department of Education? If yes, attach a copy of the verification from the Department.</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>11. If a veteran's organization, do you hold a charter under federal law? If yes, give name of national organization that received the Federal Charter and the State of Michigan Council or Department:</p> <p>_____</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>12. Is your sole source of contributions derived from a charitable organization which is licensed with this office to solicit donations? If yes, give name and license number of said organization:</p> <p>_____</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>13. Are you a licensed hospital, hospital-based foundation or hospital auxiliary? If yes, give name of parent hospital, if applicable:</p> <p>_____</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>14. Are you a nonprofit service club with other than 501(c)(3) designation from the IRS? A. If yes, is your principal purpose charitable?</p>	<p>Yes No</p> <p>14. <input type="checkbox"/> <input type="checkbox"/></p> <p>A. <input type="checkbox"/> <input type="checkbox"/></p>
<p>15. Are you a nonprofit corporation whose purpose is the owning and operating of facilities for the aged and chronically ill whose stock is wholly owned by a religious or fraternal society?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>16. Is more than 50% of the organization's activities licensed by the State of Michigan to serve children and families? If yes, give license number _____</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>17. Are you a school booster organization operating with the knowledge and approval of an educational institution for the support or promotion of artistic, educational, musical, or athletic programs or events?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>

18. Are you a governmental unit or instrumentality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Do you function as an advocacy or lobbying organization, or are you associated with any advocacy organization, political party, candidate or committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Are you an amateur theatre, band, orchestra, chorale or dance corporation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Are you a duly organized church, religious organization, institution or society with religious purposes, or a charity, agency or organization operated, supervised or controlled by a church or religious organization? If yes, explain fully: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Do you hold any assets in Michigan (cash, savings accounts, stocks and bonds, land, building equipment, etc.)? If yes, please describe: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Do you hold property as the trustee of an inter vivos or testamentary trust? If yes, name the trust, its location, and any identifying numbers: _____ (Attach a copy of the trust instrument.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Please attach a copy of your latest IRS Form 990, 990-EZ, 990-PF or other annual financial accounting.		
25. Additional comments or questions: _____ _____ _____		

CERTIFICATION

Under penalties of perjury, I certify that I am authorized to sign this document for the organization and that to the best of my knowledge and belief the information provided, including all attachments, is true, correct, and complete.

Signature Title Date

Print Name

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

BEFORE SUBMITTING, PLEASE COMPLETE THE ATTACHED CHECKLIST ON THE NEXT PAGE.

CHECKLIST

Did you:

- ☐ Answer every question completely?

Did you attach:

(not all will apply)

- ☐ (If incorporated) A complete copy of the articles of incorporation, including all assumed name certificates and amendments, NOT just the certificate page? (All documents must bear dated stamps or other endorsement showing they were filed with the appropriate state agency.)
- ☐ For Michigan corporations, documents must show that they have been filed with the Corporation Division of the Department of Consumer and Industry Services (or its predecessor agencies).
- ☐ A copy of the bylaws, constitution, and/or trust document?
- ☐ A list of all chapters to be included in the solicitation license?
- ☐ A copy of a Certificate of Authority to Transact Business in Michigan if you are incorporated in another state and have chapters in Michigan. (See question #2)
- ☐ A copy of your IRS determination letter? (See question #4)
- ☐ Copies of current contracts with professional fund raisers, consultants, or commercial coventurers? (See question #8)
- ☐ A copy of your IRS Form 990, 900-EZ, 990-PF or other annual financial accounting? (See question #24)

Department of Attorney General
Charitable Trust Section
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